PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032

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PATEN	ATION RECORD	rmation unless it dis	Office: U.S. DEPARTMENT OF COMMER Confless it displays a valid OMB control numb e				
Substitute for Form PTO-875					10/665,998		
CLAIMS AS FILED - PART I (Column 1) (Column 2)		SMALL EN	NTITY OR	OTHER THAN OR SMALL ENTITY			
FOR BASIC FEE	NUMBER FILED	NUMBER EXTRA	RATE	555			
(37 CFR 1.16(a)) TOTAL CLAIMS				FEE	RATE	FEE	
(37 CFR 1.16(c)) INDEPENDENT CLAIMS	minus 20 =	· :	X \$ =	- OR	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$	
(37 CFR 1.16(b))	. minus 3 = .		X \$ =	OR	X S =		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(4))			1 +	OR	× \$ =		
If the difference in column: Lis less than zero, enter 0 in column 2.			TOTAL	OR	+ 5=		
1	AS AMENDED - PA		101M	OR	TOTAL		
HMDT (Colur					07.45		
CLA REMA	IMS HI	Olumn 2) (Column 3) SHEST	SMALL ENTI	ITY OR	OTHER 1 SMALL EI	THAN NTITY	
	ER PRE	MBER PRESENT MOUSLY EXTRA D FOR		MDI- ONAL	RATE	ADDI-	
O (37 CFR) To(a))	Minus "9	7 9		FEE (P)		TIONAL	
X AFT AMEND AM	Minus	1 : 1	× 100.00 1	00,00°	× sfold = 14	WWW.	
FIRST PRESENTATION OF A	AULTIPLE DEPENDENT CLAI	M (37 CFR + 16(a))	1 1 1	GR	× SULITY	sana	
			TOTAL ADD'L FEE 3	25 NOR	+ \$=	11661.67	
(Column		umn 2) (Column 3)	MODE FEE	pol i	ADD'L FEE	samely	
CLAIM REMAINI AFTER	ING NUM	EST BER PRESENT	RATE ADI				
Total AMEHOM	PAID PAID	FOR	TION FE			ADDI- TIONAL	
O (37 CFR + 16(c)) Z Independent	Minus	=	× 1 =			FEE	
		=	X \$=		i =		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			+ §=	OR .+	\$ =		
			TOTAL AOD'L FEE		OTAL DD'L FEE		
(Column 1) CLAIMS	HIGHE		<u> </u>				
REMAINING AFTER	NUMBE	R PRESENT	RATE ADDI-		RATE A	DDI-	
Total	Minus "PAID FO	R =	: TIONA : FEE		TIC	DNAL .	
Independent (37 CFR 1.16(b))	Minus		x s = ;.	OR X S	=		
FIRST PRESENTATION OF MULTI	PLE DEPENDENT CLASS (2)		X \$=	OR X S	= -		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) + s = OR							
* If the entry in column 1 is to a second of the second of							
"If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20". The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".							
The 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter '3'. Ollection of information is required by 37 CFR 1.16. The information is required to obtain a personnel box in column 1.							

This o USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the complete dapplication form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS